

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Foundation for a Greater America, Inc.

ADDRESS (number and street)

P.O. Box 3587

Check if different
than previously
reported. (ACC)

Tustin

CA

92781

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00555862

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Ault, Anastacia, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Ault, Anastacia, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Foundation for a Greater America, Inc.

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		254.58
(b) Cash on Hand at Beginning of Reporting Period.....	2916.86	
(c) Total Receipts (from Line 19)	110225.33	488981.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	113142.19	489236.55
7. Total Disbursements (from Line 31).....	109328.55	485422.91
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3813.64	3813.64
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	220051.56	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	428626.62	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Foundation for a Greater America, Inc.

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	50650.00	64445.00
(ii) Unitemized	26870.33	45916.97
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	77520.33	110361.97
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	77520.33	110361.97
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	32705.00	355010.00
14. Loan Repayments Received.....	0.00	23461.78
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	148.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	110225.33	488981.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	110225.33	488981.97

DETAILED SUMMARY PAGE of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	95858.55	178561.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	95858.55	178561.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	12800.00	227591.79
27. Loans Made.....	0.00	78600.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	670.00	670.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	109328.55	485422.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	109328.55	485422.91

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	77520.33	110361.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	77520.33	110361.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	95858.55	178561.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	95858.55	178561.12

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Aigen, Gary P., , ,

Mailing Address 58 Midwood Street

City
BrooklynState
NYZip Code
11225FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gary P. Aigen

Occupation (for Individual)

Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2015

Transaction ID : INCA1842

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Aigen, Gary P., , ,

Mailing Address 58 Midwood Street

City
BrooklynState
NYZip Code
11225FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gary P. Aigen

Occupation (for Individual)

Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2015

Transaction ID : INCA2074

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Allen, Janet H., , ,

Mailing Address 620 Sugarberry Road

City
Chapel HillState
NCZip Code
27514FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 02 / 2015

Transaction ID : INCA1871

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Allen, Janet H., , ,

Mailing Address 620 Sugarberry Road

City

Chapel Hill

State

NC

Zip Code

27514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : INCA2088

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ballard, Marion S., , ,

Mailing Address 4413 Chalfont Place

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 23 / 2015

Transaction ID : INCA2024

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barer, Alta J., , ,

Mailing Address 3048 East Laurelhurst Drive NE

City

Seattle

State

WA

Zip Code

98105

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 20 / 2015

Transaction ID : INCA2497

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barney, Alice M., , ,

Mailing Address 8611 Cromwell Drive

City
Springfield

State
VA

Zip Code
22151

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2015

Transaction ID : INCA1620

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Barney, Alice M., , ,

Mailing Address 8611 Cromwell Drive

City
Springfield

State
VA

Zip Code
22151

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 21 / 2015

Transaction ID : INCA2163

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Barney, Alice M., , ,

Mailing Address 8611 Cromwell Drive

City
Springfield

State
VA

Zip Code
22151

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2015

Transaction ID : INCA2135

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bass, Ellen J., , ,

Mailing Address 36 Spring Mill Lane

City
Cherry Hill

State
NJ

Zip Code
08003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Drexel University

Occupation (for Individual)
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 06 / 2015

Transaction ID : INCA2386

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bayne, Shelia P., , ,

Mailing Address 10 Whitecomb Street

City
Belmont

State
MA

Zip Code
02478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tufts

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2015

Transaction ID : INCA1580

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bayne, Shelia P., , ,

Mailing Address 10 Whitecomb Street

City
Belmont

State
MA

Zip Code
02478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tufts

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 06 / 2015

Transaction ID : INCA1714

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

560.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bayne, Shelia P., , ,

Mailing Address 10 Whitecomb Street

City
Belmont

State
MA

Zip Code
02478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tufts

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 06 / 2015

Transaction ID : INCA1830

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bayne, Shelia P., , ,

Mailing Address 10 Whitecomb Street

City
Belmont

State
MA

Zip Code
02478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tufts

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : INCA1885

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bayne, Shelia P., , ,

Mailing Address 10 Whitecomb Street

City
Belmont

State
MA

Zip Code
02478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tufts

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2015

Transaction ID : INCA1979

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bayne, Shelia P., , ,

Mailing Address 10 Whitecomb Street

City
Belmont

State
MA

Zip Code
02478

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Tufts

Occupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2015

Transaction ID : INCA2652

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beagle, Kahleen M., , ,

Mailing Address 23 Kirkwood Circle

City
Brigantine

State
NJ

Zip Code
08203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2015

Transaction ID : INCA1836

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Beagle, Kahleen M., , ,

Mailing Address 23 Kirkwood Circle

City
Brigantine

State
NJ

Zip Code
08203

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 22 / 2015

Transaction ID : INCA2184

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

830.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beck, Jacqueline B., , ,

Mailing Address 2322 Trescott Drive

City
Tallahassee

State
FL

Zip Code
32308

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 17 / 2015

Transaction ID : INCA1744

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beck, Jacqueline B., , ,

Mailing Address 2322 Trescott Drive

City
Tallahassee

State
FL

Zip Code
32308

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 10 / 2015

Transaction ID : INCA1874

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Beck, Jacqueline B., , ,

Mailing Address 2322 Trescott Drive

City
Tallahassee

State
FL

Zip Code
32308

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 01 / 2015

Transaction ID : INCA114

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beck, Jacqueline B., , ,

Mailing Address 2322 Trescott Drive

City
TallahasseeState
FLZip Code
32308FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : INCA2741

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Becker, Lani M., , ,

Mailing Address 5570 Camino Real Lane

City
Vero BeachState
FLZip Code
32967FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kenbeck CompanyOccupation (for Individual)
Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : INCA2025

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Beckles, Gloria, , ,

Mailing Address 3087 Winfield Circle

City
TuckerState
GAZip Code
30084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Precision Production OccupationsOccupation (for Individual)
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 22 / 2015

Transaction ID : INCA2486

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

725.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beckles, Gloria, , ,

Mailing Address 3087 Winfield Circle

City
TuckerState
GAZip Code
30084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Precision Production OccupationsOccupation (for Individual)
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2015

Transaction ID : INCA1929

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Beckles, Gloria, , ,

Mailing Address 3087 Winfield Circle

City
TuckerState
GAZip Code
30084FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Precision Production OccupationsOccupation (for Individual)
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : INCA2106

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Benton, A. E., , ,

Mailing Address 901 Race Street

City
DenverState
COZip Code
80206FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
A.E. BentonOccupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2015

Transaction ID : INCA1847

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

600.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Benton, A. E., , ,

Mailing Address 901 Race Street

City
DenverState
COZip Code
80206FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

A.E. Benton

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : INCA1959

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Benton, A. E., , ,

Mailing Address 901 Race Street

City
DenverState
COZip Code
80206FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

A.E. Benton

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 17 / 2015

Transaction ID : INCA2060

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Benton, A. E., , ,

Mailing Address 901 Race Street

City
DenverState
COZip Code
80206FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

A.E. Benton

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 03 / 2015

Transaction ID : INCA2791

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Benton, A. E., , ,

Mailing Address 901 Race Street

City
Denver

State
CO

Zip Code
80206

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

A.E. Benton

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2015

Transaction ID : INCA2827

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bloom, Barbara D., , ,

Mailing Address 3 Woodmeadow Lane

City

Princeton Junction

State

NJ

Zip Code

08550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

College of Staten Island

Occupation (for Individual)

Associate Professor of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 16 / 2015

Transaction ID : INCA1900

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bloom, Barbara D., , ,

Mailing Address 3 Woodmeadow Lane

City

Princeton Junction

State

NJ

Zip Code

08550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

College of Staten Island

Occupation (for Individual)

Associate Professor of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2015

Transaction ID : INCA110

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bloom, Barbara D., , ,

Mailing Address 3 Woodmeadow Lane

City
Princeton Junction

State
NJ

Zip Code
08550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
College of Staten Island

Occupation (for Individual)
Associate Professor of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 11 / 2015

Transaction ID : INCA119

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brennan, Margaret L., , ,

Mailing Address 135 Grace Trail

City
Ash Flat

State
AR

Zip Code
72513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2015

Transaction ID : INCA1773

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brennan, Margaret L., , ,

Mailing Address 135 Grace Trail

City
Ash Flat

State
AR

Zip Code
72513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : INCA1939

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Brennan, Margaret L., , ,

Mailing Address 135 Grace Trail

City

Ash Flat

State

AR

Zip Code

72513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : INCA2119

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Brown, Adrienna, , ,

Mailing Address 4350 Portchester Way

City

Snellville

State

GA

Zip Code

30039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : INCA2021

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Brown, Adrienna, , ,

Mailing Address 4350 Portchester Way

City

Snellville

State

GA

Zip Code

30039

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : INCA2534

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

800.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Browning, Priscilla E., , ,

Mailing Address 1 Pleasant Grove Lane

City
Ithaca

State
NY

Zip Code
14850

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Unitrust

Occupation (for Individual)
Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 21 / 2015

Transaction ID : INCA2512

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Carpenter, Lois, , ,

Mailing Address 12758 County Road 501

City
Bayfield

State
CO

Zip Code
81122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 17 / 2015

Transaction ID : INCA1745

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Carpenter, Lois, , ,

Mailing Address 12758 County Road 501

City
Bayfield

State
CO

Zip Code
81122

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 17 / 2015

Transaction ID : INCA1909

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 205
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Clark, Susan, , ,

Mailing Address 1109 C Street

City
Juneau

State
AK

Zip Code
99801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015

Transaction ID : INCA1889

Amount of Each Receipt this Period

108.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Clark, Susan, , ,

Mailing Address 1109 C Street

City
Juneau

State
AK

Zip Code
99801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 10 / 2015

Transaction ID : INCA1998

Amount of Each Receipt this Period

54.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Clark, Susan, , ,

Mailing Address 1109 C Street

City
Juneau

State
AK

Zip Code
99801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 24 / 2015

Transaction ID : INCA2211

Amount of Each Receipt this Period

36.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

198.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Clark, Susan, , ,

Mailing Address 1109 C Street

City
Juneau

State
AK

Zip Code
99801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : INCA2834

Amount of Each Receipt this Period

36.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Conaway, Lois S., , ,

Mailing Address 244 Conewango Ave

City
Warren

State
PA

Zip Code
16365

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : INCA1831

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Conger, Cynthia L., , ,

Mailing Address 2300 Andover Court, #560

City
Little Rock

State
AR

Zip Code
72227

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cynthia L. Conger

Occupation (for Individual)
Wealth Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2015

Transaction ID : INCA1906

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

286.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Conger, Cynthia L., , ,

Mailing Address 2300 Andover Court, #560

City
Little RockState
ARZip Code
72227FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Cynthia L. CongerOccupation (for Individual)
Wealth Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2015

Transaction ID : INCA2057

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Connally, G.G., , ,

Mailing Address 12 University Avenue

City
BuffaloState
NYZip Code
14214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
G.G. ConnallyOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : INCA1828

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Connally, G.G., , ,

Mailing Address 12 University Avenue

City
BuffaloState
NYZip Code
14214FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
G.G. ConnallyOccupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2015

Transaction ID : INCA2209

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Connorton, C. Ulrich, , ,

Mailing Address 788 Orange Center Court

City
Orange

State
CT

Zip Code
06477

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

C. Ulrich Connorton

Occupation (for Individual)

Chef

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
09 / 13 / 2015

Transaction ID : INCA1883

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Connorton, C. Ulrich, , ,

Mailing Address 788 Orange Center Court

City
Orange

State
CT

Zip Code
06477

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

C. Ulrich Connorton

Occupation (for Individual)

Chef

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
11 / 11 / 2015

Transaction ID : INCA2005

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Connorton, C. Ulrich, , ,

Mailing Address 788 Orange Center Court

City
Orange

State
CT

Zip Code
06477

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

C. Ulrich Connorton

Occupation (for Individual)

Chef

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
11 / 24 / 2015

Transaction ID : INCA2207

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Coster, Doris B., , ,

Mailing Address 123 River Road

City

East Haddam

State

CT

Zip Code

06423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2015

Transaction ID : INCA1840

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Coster, Doris B., , ,

Mailing Address 123 River Road

City

East Haddam

State

CT

Zip Code

06423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 05 / 2015

Transaction ID : INCA1881

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Coster, Doris B., , ,

Mailing Address 123 River Road

City

East Haddam

State

CT

Zip Code

06423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 05 / 2015

Transaction ID : INCA1977

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

225.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Coster, Doris B., , ,

Mailing Address 123 River Road

City

East Haddam

State

CT

Zip Code

06423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 16 / 2015

Transaction ID : INCA2059

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Coster, Doris B., , ,

Mailing Address 123 River Road

City

East Haddam

State

CT

Zip Code

06423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 05 / 2015

Transaction ID : INCA2322

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Coster, Doris B., , ,

Mailing Address 123 River Road

City

East Haddam

State

CT

Zip Code

06423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 30 / 2015

Transaction ID : INCA2168

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City
Palmer

State
AK

Zip Code
99645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2015

Transaction ID : INCA1564

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City
Palmer

State
AK

Zip Code
99645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : INCA1639

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City
Palmer

State
AK

Zip Code
99645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : INCA2357

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City
Palmer

State
AK

Zip Code
99645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2015

Transaction ID : INCA1661

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City
Palmer

State
AK

Zip Code
99645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2015

Transaction ID : INCA2417

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City
Palmer

State
AK

Zip Code
99645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 07 / 2015

Transaction ID : INCA1718

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City
Palmer

State
AK

Zip Code
99645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 14 / 2015

Transaction ID : INCA1736

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City
Palmer

State
AK

Zip Code
99645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 21 / 2015

Transaction ID : INCA1786

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City
Palmer

State
AK

Zip Code
99645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 28 / 2015

Transaction ID : INCA1812

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City
Palmer

State
AK

Zip Code
99645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2015

Transaction ID : INCA1919

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City
Palmer

State
AK

Zip Code
99645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2015

Transaction ID : INCA1980

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City
Palmer

State
AK

Zip Code
99645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2015

Transaction ID : INCA2007

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 205

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Covington, Carolyn H., , ,

Mailing Address 3350 North Clark-Wolverine Road

City
Palmer

State
AK

Zip Code
99645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

11 / 18 / 2015

Transaction ID : INCA2086

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Crawford, Patricia A., , ,

Mailing Address 2251 Ridgemoor Court

City
Burton

State
MI

Zip Code
48509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 22 / 2015

Transaction ID : INCA1917

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Crawford, Patricia A., , ,

Mailing Address 2251 Ridgemoor Court

City
Burton

State
MI

Zip Code
48509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 17 / 2015

Transaction ID : INCA2124

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Crawford, Patricia A., , ,

Mailing Address 2251 Ridgemoor Court

City
BurtonState
MIZip Code
48509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : INCA2668

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Croy, Luann, , ,

Mailing Address 30110 Morningside Drive

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lar Mar FoodsOccupation (for Individual)
Bookkeeper

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2015

Transaction ID : INCA2293

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Croy, Luann, , ,

Mailing Address 30110 Morningside Drive

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lar Mar FoodsOccupation (for Individual)
Bookkeeper

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2015

Transaction ID : INCA2654

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

350.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Davis, Chistine Star, , ,

Mailing Address 851 Moraine Drive

City
Lincoln

State
NE

Zip Code
68510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lincoln Public School System

Occupation (for Individual)
Mentor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 04 / 2015

Transaction ID : INCA2588

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davis, Chistine Star, , ,

Mailing Address 851 Moraine Drive

City
Lincoln

State
NE

Zip Code
68510

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lincoln Public School System

Occupation (for Individual)
Mentor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 25 / 2015

Transaction ID : INCA2226

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Davis, Norma, , ,

Mailing Address 1308 Lasuen Drive

City
Millbrae

State
CA

Zip Code
94030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : INCA1893

Amount of Each Receipt this Period

600.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Davis, Norma, , ,

Mailing Address 1308 Lasuen Drive

City
Millbrae

State
CA

Zip Code
94030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : INCA1970

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Davis, Norma, , ,

Mailing Address 1308 Lasuen Drive

City
Millbrae

State
CA

Zip Code
94030

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : INCA1999

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Demar, Caroline, , ,

Mailing Address 152 Tampico Court

City
Solana Beach

State
CA

Zip Code
92075

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2015

Transaction ID : INCA1780

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Demar, Caroline, , ,

Mailing Address 152 Tampico Court

City
Solana Beach

State
CA

Zip Code
92075

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2015

Transaction ID : INCA1928

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dillom, Rose M., , ,

Mailing Address 321 Northridge Avenue

City
Bolingbrook

State
IL

Zip Code
60440

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rose M. Dillom

Occupation (for Individual)
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2015

Transaction ID : INCA1635

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dillom, Rose M., , ,

Mailing Address 321 Northridge Avenue

City
Bolingbrook

State
IL

Zip Code
60440

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Rose M. Dillom

Occupation (for Individual)
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 19 / 2015

Transaction ID : INCA1750

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dillom, Rose M., , ,

Mailing Address 321 Northridge Avenue

City
BolingbrookState
ILZip Code
60440FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Rose M. Dillom

Occupation (for Individual)

Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		21		2015

Transaction ID : INCA2175

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dubose, Reginald, , ,

Mailing Address 749 East 118 Street

City
ClevelandState
OHZip Code
44108FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		29		2015

Transaction ID : INCA2260

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Duncan, Janet M., , ,

Mailing Address 1 Garden Road

City
MarbleheadState
MAZip Code
01945FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Boston Children's Hospital

Occupation (for Individual)

Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2015

Transaction ID : INCA1816

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Duncan, Janet M., , ,

Mailing Address 1 Garden Road

City
Marblehead

State
MA

Zip Code
01945

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Boston Children's Hospital

Occupation (for Individual)
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 27 / 2015

Transaction ID : INCA1984

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Eads, Jean E., , ,

Mailing Address 13723 South 18th Street

City
Bixby

State
OK

Zip Code
74008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 19 / 2015

Transaction ID : INCA2763

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eads, Jean E., , ,

Mailing Address 13723 South 18th Street

City
Bixby

State
OK

Zip Code
74008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2015

Transaction ID : INCA2137

Amount of Each Receipt this Period

2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Eaton, Curtis J., , ,

Mailing Address 622 Hill Blvd.

City
Mason

State
MI

Zip Code
48854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Curtis J. Eaton

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2015

Transaction ID : INCA1856

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Eaton, Curtis J., , ,

Mailing Address 622 Hill Blvd.

City
Mason

State
MI

Zip Code
48854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Curtis J. Eaton

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2015

Transaction ID : INCA2006

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Eaton, Curtis J., , ,

Mailing Address 622 Hill Blvd.

City
Mason

State
MI

Zip Code
48854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Curtis J. Eaton

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2015

Transaction ID : INCA2149

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Emek, Sharon H., , ,

Mailing Address 75 Easr End Avenue, Apt. 166

City
New York

State
NY

Zip Code
10028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Work at Home Vintage Experts LLC

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 23 / 2015

Transaction ID : INCA1912

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Emek, Sharon H., , ,

Mailing Address 75 Easr End Avenue, Apt. 166

City
New York

State
NY

Zip Code
10028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Work at Home Vintage Experts LLC

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 01 / 2015

Transaction ID : INCA1936

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Evans, Cynthia, , ,

Mailing Address 212 Adams Pointe Blvd.

City
Mars

State
PA

Zip Code
16046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of Pennsylvania

Occupation (for Individual)
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 21 / 2015

Transaction ID : INCA1785

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1100.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fishman, Esther, , ,

Mailing Address 3240 Lake Point Blvd., #327

City
Sarasota

State
FL

Zip Code
34231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 05 / 2015

Transaction ID : INCA1838

Amount of Each Receipt this Period

36.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fishman, Esther, , ,

Mailing Address 3240 Lake Point Blvd., #327

City
Sarasota

State
FL

Zip Code
34231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : INCA2121

Amount of Each Receipt this Period

72.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fishman, Esther, , ,

Mailing Address 3240 Lake Point Blvd., #327

City
Sarasota

State
FL

Zip Code
34231

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : INCA2849

Amount of Each Receipt this Period

72.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Flavin, Joan D., , ,

Mailing Address 5855 North Sheridan Road, Apt. 18H

City
Chicago

State
IL

Zip Code
60660

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2015

Transaction ID : INCA1907

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Flavin, Joan D., , ,

Mailing Address 5855 North Sheridan Road, Apt. 18H

City
Chicago

State
IL

Zip Code
60660

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 11 / 2015

Transaction ID : INCA2542

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fraser, Edie A., , ,

Mailing Address 2916 32nd Street NW

City
Washington

State
DC

Zip Code
20008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STEMconnector

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 06 / 2015

Transaction ID : INCA1863

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fraser, Edie A., , ,

Mailing Address 2916 32nd Street NW

City
Washington

State
DC

Zip Code
20008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STEMconnector

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2015

Transaction ID : INCA2123

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fraser, Edie A., , ,

Mailing Address 2916 32nd Street NW

City
Washington

State
DC

Zip Code
20008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STEMconnector

Occupation (for Individual)
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 30 / 2015

Transaction ID : INCA2027

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fressola, Ralph, , ,

Mailing Address 2255 Armstrong Court, SW

City
Conyers

State
GA

Zip Code
30094

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ralph Fressola

Occupation (for Individual)
Business Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 07 / 2015

Transaction ID : INCA1850

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fressola, Ralph, , ,

Mailing Address 2255 Armstrong Court, SW

City

Conyers

State

GA

Zip Code

30094

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ralph Fressola

Occupation (for Individual)

Business Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015

Transaction ID : INCA1957

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Fressola, Ralph, , ,

Mailing Address 2255 Armstrong Court, SW

City

Conyers

State

GA

Zip Code

30094

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ralph Fressola

Occupation (for Individual)

Business Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 22 / 2015

Transaction ID : INCA2186

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Germanacos, Anne, , ,

Mailing Address 830 Clayton Street

City

San Francisco

State

CA

Zip Code

94117

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anne Germanacos

Occupation (for Individual)

Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2015

Transaction ID : INCA2519

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gerson, Jeanne K., , ,

Mailing Address 333 North Palm Drive, Apt. 105

City

Beverly Hills

State

CA

Zip Code

90210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : INCA2321

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gingiss, Randall J., , ,

Mailing Address 1035 Valley View Drive

City

Vermillion

State

SD

Zip Code

57069

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of South Dakota

Occupation (for Individual)

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2015

Transaction ID : INCA1822

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gingiss, Randall J., , ,

Mailing Address 1035 Valley View Drive

City

Vermillion

State

SD

Zip Code

57069

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of South Dakota

Occupation (for Individual)

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 29 / 2015

Transaction ID : INCA2179

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Gingiss, Randall J., , ,

Mailing Address 1035 Valley View Drive

City
Vermillion

State
SD

Zip Code
57069

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of South Dakota

Occupation (for Individual)
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : INCA2813

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hartnell, Darrell, , ,

Mailing Address 5338 West Hilvety Road

City

Moweaqua

State

IL

Zip Code

62550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hartnell

Occupation (for Individual)
Business Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2015

Transaction ID : INCA1914

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hartnell, Darrell, , ,

Mailing Address 5338 West Hilvety Road

City

Moweaqua

State

IL

Zip Code

62550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hartnell

Occupation (for Individual)
Business Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : INCA2190

Amount of Each Receipt this Period

125.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hartnell, Darrell, , ,

Mailing Address 5338 West Hilvety Road

City
Moweaqua

State
IL

Zip Code
62550

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hartnell

Occupation (for Individual)
Business Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2015

Transaction ID : INCA2852

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Haubold, Mary E., , ,

Mailing Address 5747 Southwest 22nd Terrace, Apt.

City
Topeka

State
KS

Zip Code
66614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2015

Transaction ID : INCA1536

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Haubold, Mary E., , ,

Mailing Address 5747 Southwest 22nd Terrace, Apt.

City
Topeka

State
KS

Zip Code
66614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 01 / 2015

Transaction ID : INCA1717

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haubold, Mary E., , ,

Mailing Address 5747 Southwest 22nd Terrace, Apt.

City
Topeka

State
KS

Zip Code
66614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : INCA1841

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Haubold, Mary E., , ,

Mailing Address 5747 Southwest 22nd Terrace, Apt.

City
Topeka

State
KS

Zip Code
66614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : INCA1834

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Haubold, Mary E., , ,

Mailing Address 5747 Southwest 22nd Terrace, Apt.

City
Topeka

State
KS

Zip Code
66614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 01 / 2015

Transaction ID : INCA1933

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Haubold, Mary E., , ,

Mailing Address 5747 Southwest 22nd Terrace, Apt.

City
Topeka

State
KS

Zip Code
66614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2015

Transaction ID : INCA2264

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hayes, Elizabeth T., , ,

Mailing Address 7774 McDermott Road

City
Manlius

State
NY

Zip Code
13104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2015

Transaction ID : INCA1968

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hayes, Elizabeth T., , ,

Mailing Address 7774 McDermott Road

City
Manlius

State
NY

Zip Code
13104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2015

Transaction ID : INCA2097

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Heckenberg, Lana, , ,

Mailing Address 16538 Bolsena Drive

City

Mont Verde

State

FL

Zip Code

34756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 04 / 2015

Transaction ID : INCA1901

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Henderson, Gloria M., , ,

Mailing Address 2442 Chapel Hill Road

City

Griffin

State

GA

Zip Code

30224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2015

Transaction ID : INCA1542

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Henderson, Gloria M., , ,

Mailing Address 2442 Chapel Hill Road

City

Griffin

State

GA

Zip Code

30224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify)

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : INCA1852

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Henderson, Gloria M., , ,

Mailing Address 2442 Chapel Hill Road

City
Griffin

State
GA

Zip Code
30224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2015

Transaction ID : INCA2032

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Henderson, Gloria M., , ,

Mailing Address 2442 Chapel Hill Road

City
Griffin

State
GA

Zip Code
30224

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2015

Transaction ID : INCA2091

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Huber, Jeanne, , ,

Mailing Address 5341 Cove Garden Road

City
Coveseville

State
VA

Zip Code
22931

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 17 / 2015

Transaction ID : INCA1743

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Huber, Jeanne, , ,

Mailing Address 5341 Cove Garden Road

City
Covesville

State
VA

Zip Code
22931

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : INCA1854

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Huber, Jeanne, , ,

Mailing Address 5341 Cove Garden Road

City
Covesville

State
VA

Zip Code
22931

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 13 / 2015

Transaction ID : INCA2019

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Huber, Jeanne, , ,

Mailing Address 5341 Cove Garden Road

City
Covesville

State
VA

Zip Code
22931

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2015

Transaction ID : INCA2093

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ireland, Eileen, , ,

Mailing Address 722 5th Street

City

Las Vegas

State

NV

Zip Code

87701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of New Mexico

Occupation (for Individual)

Educator

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2015

Transaction ID : INCA2390

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ireland, Eileen, , ,

Mailing Address 722 5th Street

City

Las Vegas

State

NV

Zip Code

87701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of New Mexico

Occupation (for Individual)

Educator

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : INCA1849

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ireland, Eileen, , ,

Mailing Address 722 5th Street

City

Las Vegas

State

NV

Zip Code

87701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of New Mexico

Occupation (for Individual)

Educator

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2015

Transaction ID : INCA1955

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ireland, Eileen, , ,

Mailing Address 722 5th Street

City
Las Vegas

State
NV

Zip Code
87701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

University of New Mexico

Occupation (for Individual)

Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 27 / 2015

Transaction ID : INCA2790

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ireland, Eileen, , ,

Mailing Address 722 5th Street

City
Las Vegas

State
NV

Zip Code
87701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University of New Mexico

Occupation (for Individual)
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2015

Transaction ID : INCA2793

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ireland, Sue A., , ,

Mailing Address 1151 North Rush Street

City
Gary

State
IN

Zip Code
46403

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
U.S. Government

Occupation (for Individual)
Investigator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2015

Transaction ID : INCA1992

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Isreal, Lesley L., , ,

Mailing Address P.O. Box 69

City
Royal Oak

State
MD

Zip Code
21662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 10 / 2015

Transaction ID : INCA2630

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Isreal, Lesley L., , ,

Mailing Address P.O. Box 69

City
Royal Oak

State
MD

Zip Code
21662

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2015

Transaction ID : INCA2850

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Johnson, Susan, , ,

Mailing Address 1833 Sakai Village Loop

City
Bainbridge Island

State
WA

Zip Code
98110

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United States Department of Health and

Occupation (for Individual)
HHS Region 10 Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2015

Transaction ID : INCA99

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Karp, Carol D., , ,

Mailing Address 2120 Geri Lane

City
Hillsborough

State
CA

Zip Code
94010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Janssen Alzheimer Immunotherapy Resear

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : INCA1897

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Karp, Carol D., , ,

Mailing Address 2120 Geri Lane

City
Hillsborough

State
CA

Zip Code
94010

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Janssen Alzheimer Immunotherapy Resear

Occupation (for Individual)
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : INCA2335

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Karsten, Marilyn H., , ,

Mailing Address 10580 Wilshire Blvd., Apt. 66

City
Los Angeles

State
CA

Zip Code
90024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Karsten Family Foundation

Occupation (for Individual)
Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : INCA2613

Amount of Each Receipt this Period

350.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Keefer, Betsy A., , ,

Mailing Address 2500 Fairway Drive

City
YorkState
PAZip Code
17402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2015

Transaction ID : INCA1817

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Keefer, Betsy A., , ,

Mailing Address 2500 Fairway Drive

City
YorkState
PAZip Code
17402FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 08 / 2015

Transaction ID : INCA1997

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kimling, L. Erlenmeyer, , ,

Mailing Address 1 Briarwood Lane

City
StamfordState
CTZip Code
06903FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2015

Transaction ID : INCA1820

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kimling, L. Erlenmeyer, , ,

Mailing Address 1 Briarwood Lane

City
Stamford

State
CT

Zip Code
06903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2015

Transaction ID : INCA1851

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kimling, L. Erlenmeyer, , ,

Mailing Address 1 Briarwood Lane

City
Stamford

State
CT

Zip Code
06903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 24 / 2015

Transaction ID : INCA1932

Amount of Each Receipt this Period

700.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kimling, L. Erlenmeyer, , ,

Mailing Address 1 Briarwood Lane

City
Stamford

State
CT

Zip Code
06903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2015

Transaction ID : INCA2143

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kimling, L. Erlenmeyer, , ,

Mailing Address 1 Briarwood Lane

City
Stamford

State
CT

Zip Code
06903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2015

Transaction ID : INCA2171

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Kimling, L. Erlenmeyer, , ,

Mailing Address 1 Briarwood Lane

City
Stamford

State
CT

Zip Code
06903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2015

Transaction ID : INCA2026

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. King, Earl, , ,

Mailing Address 14505 Stetson Road

City
Los Gatos

State
CA

Zip Code
95033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.16

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2015

Transaction ID : INCA1565

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1050.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. King, Earl, , ,

Mailing Address 14505 Stetson Road

City
Los Gatos

State
CA

Zip Code
95033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2015

Transaction ID : INCA1902

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. King, Earl, , ,

Mailing Address 14505 Stetson Road

City
Los Gatos

State
CA

Zip Code
95033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2015

Transaction ID : INCA2170

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. King, Earl, , ,

Mailing Address 14505 Stetson Road

City
Los Gatos

State
CA

Zip Code
95033

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

220.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : INCA2191

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. King, Jane C., , ,

Mailing Address 431 Sawgrass Hill Court

City
CaryState
NCZip Code
27519FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Jane C. King

Occupation (for Individual)

Mortgage Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 08 / 2015

Transaction ID : INCA1600

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. King, Jane C., , ,

Mailing Address 431 Sawgrass Hill Court

City
CaryState
NCZip Code
27519FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Jane C. King

Occupation (for Individual)

Mortgage Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2015

Transaction ID : INCA1896

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Knepper, Kathleen N., , ,

Mailing Address 10404 Strathmore Park Court, #303

City
RockvilleState
MDZip Code
20852FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 30 / 2015

Transaction ID : INCA1818

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lampson, Claire G., , ,

Mailing Address 18899 Independence Lane

City
Geyserville

State
CA

Zip Code
95941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Copeland & Therman

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : INCA1658

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lampson, Claire G., , ,

Mailing Address 18899 Independence Lane

City
Geyserville

State
CA

Zip Code
95941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Copeland & Therman

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 03 / 2015

Transaction ID : INCA1860

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lampson, Claire G., , ,

Mailing Address 18899 Independence Lane

City
Geyserville

State
CA

Zip Code
95941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Copeland & Therman

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 17 / 2015

Transaction ID : INCA2068

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lampson, Claire G., , ,

Mailing Address 18899 Independence Lane

City
Geyserville

State
CA

Zip Code
95941

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Copeland & Therman

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 24 / 2015

Transaction ID : INCA2787

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Levy, Seena, , ,

Mailing Address 3301 36th Street NW

City
Washington

State
DC

Zip Code
60610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Key Theatre Enterprises

Occupation (for Individual)
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2015

Transaction ID : INCA1720

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Levy, Seena, , ,

Mailing Address 3301 36th Street NW

City
Washington

State
DC

Zip Code
60610

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Key Theatre Enterprises

Occupation (for Individual)
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2015

Transaction ID : INCA2233

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Marquess, Margo, , ,

Mailing Address 5322 Fox Den Road

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2015

Transaction ID : INCA2484

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Marquess, Margo, , ,

Mailing Address 5322 Fox Den Road

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2015

Transaction ID : INCA1988

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Marquess, Margo, , ,

Mailing Address 5322 Fox Den Road

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2015

Transaction ID : INCA2532

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Maruzo, Sally, , ,

Mailing Address 12 Oak Hills Trail

City
Ledyard

State
CT

Zip Code
06339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2015

Transaction ID : INCA1916

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Maruzo, Sally, , ,

Mailing Address 12 Oak Hills Trail

City
Ledyard

State
CT

Zip Code
06339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : INCA1972

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Maruzo, Sally, , ,

Mailing Address 12 Oak Hills Trail

City
Ledyard

State
CT

Zip Code
06339

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : INCA2288

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 64 OF 205
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Monahan, Janice C., , ,

Mailing Address 1130 Bridlewood Way

City
RenoState
NVZip Code
89509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M	D D	Y Y Y Y
07	05	2015

Transaction ID : INCA1590

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Monahan, Janice C., , ,

Mailing Address 1130 Bridlewood Way

City
RenoState
NVZip Code
89509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M	D D	Y Y Y Y
08	10	2015

Transaction ID : INCA1726

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Monahan, Janice C., , ,

Mailing Address 1130 Bridlewood Way

City
RenoState
NVZip Code
89509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M	D D	Y Y Y Y
10	21	2015

Transaction ID : INCA1948

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

275.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Monahan, Janice C., , ,

Mailing Address 1130 Bridlewood Way

City
Reno

State
NV

Zip Code
89509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2015

Transaction ID : INCA2526

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Monahan, Janice C., , ,

Mailing Address 1130 Bridlewood Way

City
Reno

State
NV

Zip Code
89509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2015

Transaction ID : INCA2075

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Monahan, Janice C., , ,

Mailing Address 1130 Bridlewood Way

City
Reno

State
NV

Zip Code
89509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2015

Transaction ID : INCA2129

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Monahan, Janice C., , ,

Mailing Address 1130 Bridlewood Way

City
RenoState
NVZip Code
89509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : INCA2188

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Monahan, Janice C., , ,

Mailing Address 1130 Bridlewood Way

City
RenoState
NVZip Code
89509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 29 / 2015

Transaction ID : INCA2178

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Monahan, Janice C., , ,

Mailing Address 1130 Bridlewood Way

City
RenoState
NVZip Code
89509FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : INCA2839

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Montague, Phillip L., , ,

Mailing Address 2612 Sag Harbor Way

City

The Villages

State

FL

Zip Code

32162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 23 / 2015

Transaction ID : INCA2490

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Montague, Phillip L., , ,

Mailing Address 2612 Sag Harbor Way

City

The Villages

State

FL

Zip Code

32162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 01 / 2015

Transaction ID : INCA2269

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Montague, Phillip L., , ,

Mailing Address 2612 Sag Harbor Way

City

The Villages

State

FL

Zip Code

32162

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 30 / 2015

Transaction ID : INCA2222

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Montgomery, Thelma L., , ,

Mailing Address 912 South Goldwyn Avenue

City
OrlandoState
FLZip Code
32805FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 01 / 2015

Transaction ID : INCA1829

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Montgomery, Thelma L., , ,

Mailing Address 912 South Goldwyn Avenue

City
OrlandoState
FLZip Code
32805FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 07 / 2015

Transaction ID : INCA1848

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Montgomery, Thelma L., , ,

Mailing Address 912 South Goldwyn Avenue

City
OrlandoState
FLZip Code
32805FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/aOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : INCA2498

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

325.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Montgomery, Thelma L., , ,

Mailing Address 912 South Goldwyn Avenue

City
Orlando

State
FL

Zip Code
32805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2015

Transaction ID : INCA1995

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Montgomery, Thelma L., , ,

Mailing Address 912 South Goldwyn Avenue

City
Orlando

State
FL

Zip Code
32805

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2015

Transaction ID : INCA2267

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nagan, Winston P., , ,

Mailing Address 8966 Southwest 44th Lane

City
Gainesville

State
FL

Zip Code
32608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Winston P. Nagan

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 26 / 2015

Transaction ID : INCA41

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nagan, Winston P., , ,

Mailing Address 8966 Southwest 44th Lane

City
Gainesville

State
FL

Zip Code
32608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Winston P. Nagan

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2015

Transaction ID : INCA1865

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nagan, Winston P., , ,

Mailing Address 8966 Southwest 44th Lane

City
Gainesville

State
FL

Zip Code
32608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Winston P. Nagan

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2015

Transaction ID : INCA2155

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nagan, Winston P., , ,

Mailing Address 8966 Southwest 44th Lane

City
Gainesville

State
FL

Zip Code
32608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Winston P. Nagan

Occupation (for Individual)
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2015

Transaction ID : INCA2847

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Natkins, Harriette S., , ,

Mailing Address 322 West 72nd Street

City
New YorkState
NYZip Code
10023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MetlifeOccupation (for Individual)
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2015

Transaction ID : INCA1682

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Natkins, Harriette S., , ,

Mailing Address 322 West 72nd Street

City
New YorkState
NYZip Code
10023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MetlifeOccupation (for Individual)
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : INCA1888

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Natkins, Harriette S., , ,

Mailing Address 322 West 72nd Street

City
New YorkState
NYZip Code
10023FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MetlifeOccupation (for Individual)
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : INCA2495

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Neil, Mary C., , ,

Mailing Address 2618 Starlight Court

City
San Antonio

State
TX

Zip Code
78261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2015

Transaction ID : INCA1752

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Neil, Mary C., , ,

Mailing Address 2618 Starlight Court

City
San Antonio

State
TX

Zip Code
78261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2015

Transaction ID : INCA1904

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Neil, Mary C., , ,

Mailing Address 2618 Starlight Court

City
San Antonio

State
TX

Zip Code
78261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : INCA1947

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Neil, Mary C., , ,

Mailing Address 2618 Starlight Court

City
San Antonio

State
TX

Zip Code
78261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : INCA2152

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Neil, Mary C., , ,

Mailing Address 2618 Starlight Court

City
San Antonio

State
TX

Zip Code
78261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : INCA2133

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Neil, Mary C., , ,

Mailing Address 2618 Starlight Court

City
San Antonio

State
TX

Zip Code
78261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : INCA2279

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Neil, Mary C., , ,

Mailing Address 2618 Starlight Court

City
San Antonio

State
TX

Zip Code
78261

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2015

Transaction ID : INCA2765

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Passell, Nicholas, , ,

Mailing Address 524 Lincoln Avenue

City
Eau Claire

State
WI

Zip Code
54701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nicholas Passell

Occupation (for Individual)
Business Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 08 / 2015

Transaction ID : INCA1724

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Passell, Nicholas, , ,

Mailing Address 524 Lincoln Avenue

City
Eau Claire

State
WI

Zip Code
54701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nicholas Passell

Occupation (for Individual)
Business Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 03 / 2015

Transaction ID : INCA2344

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Passell, Nicholas, , ,

Mailing Address 524 Lincoln Avenue

City
Eau Claire

State
WI

Zip Code
54701

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nicholas Passell

Occupation (for Individual)
Business Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : INCA2136

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Perkins, Victoria J., , ,

Mailing Address 11000 Huntover Drive

City
Rockville

State
MD

Zip Code
20852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2015

Transaction ID : INCA1653

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Perkins, Victoria J., , ,

Mailing Address 11000 Huntover Drive

City
Rockville

State
MD

Zip Code
20852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 20 / 2015

Transaction ID : INCA1946

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Perkins, Victoria J., , ,

Mailing Address 11000 Huntover Drive

City
Rockville

State
MD

Zip Code
20852

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : INCA2214

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Prudhomme, Joseph G., , ,

Mailing Address 4214 Burney Drive

City
Austin

State
TX

Zip Code
78731

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Prudhomme, Inc.

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : INCA1813

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Prudhomme, Joseph G., , ,

Mailing Address 4214 Burney Drive

City
Austin

State
TX

Zip Code
78731

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Prudhomme, Inc.

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 11 / 2015

Transaction ID : INCA2004

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

450.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Prudhomme, Joseph G., , ,

Mailing Address 4214 Burney Drive

City
Austin

State
TX

Zip Code
78731

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Prudhomme, Inc.

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 03 / 2015

Transaction ID : INCA2349

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Prudhomme, Joseph G., , ,

Mailing Address 4214 Burney Drive

City
Austin

State
TX

Zip Code
78731

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Prudhomme, Inc.

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 28 / 2015

Transaction ID : INCA2138

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pugh, Margaret M., , ,

Mailing Address 1011 D Street

City
Juneau

State
AK

Zip Code
99801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 05 / 2015

Transaction ID : INCA1853

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 205
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pugh, Margaret M., , ,

Mailing Address 1011 D Street

City
Juneau

State
AK

Zip Code
99801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 11 / 2015

Transaction ID : INCA2009

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pugh, Margaret M., , ,

Mailing Address 1011 D Street

City
Juneau

State
AK

Zip Code
99801

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 12 / 2015

Transaction ID : INCA2600

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rakoski, Michael, , ,

Mailing Address 1735 York Avenue, #38

City
New York

State
NY

Zip Code
10128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Michael Rakoski

Occupation (for Individual)
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 10 / 2015

Transaction ID : INCA1728

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rakoski, Michael, , ,

Mailing Address 1735 York Avenue, #38

City
New York

State
NY

Zip Code
10128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Michael Rakoski

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 11 / 2015

Transaction ID : INCA1878

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rakoski, Michael, , ,

Mailing Address 1735 York Avenue, #38

City
New York

State
NY

Zip Code
10128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Michael Rakoski

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 23 / 2015

Transaction ID : INCA2204

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rakoski, Michael, , ,

Mailing Address 1735 York Avenue, #38

City
New York

State
NY

Zip Code
10128

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Michael Rakoski

Occupation (for Individual)

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

12 / 29 / 2015

Transaction ID : INCA2819

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 205

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ritti, Alyce Rey, , ,

Mailing Address 170 Cherrywood Way

City

Port Matilda

State

PA

Zip Code

16870

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2015

Transaction ID : INCA1685

Amount of Each Receipt this Period

40.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ritti, Alyce Rey, , ,

Mailing Address 170 Cherrywood Way

City

Port Matilda

State

PA

Zip Code

16870

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2015

Transaction ID : INCA1747

Amount of Each Receipt this Period

100.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ritti, Alyce Rey, , ,

Mailing Address 170 Cherrywood Way

City

Port Matilda

State

PA

Zip Code

16870

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 26 / 2015

Transaction ID : INCA1971

Amount of Each Receipt this Period

300.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

440.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Robinson, Scott P., , ,

Mailing Address 625 Olima Street

City
Sausalito

State
CA

Zip Code
94965

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2015

Transaction ID : INCA1660

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Robinson, Scott P., , ,

Mailing Address 625 Olima Street

City
Sausalito

State
CA

Zip Code
94965

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2015

Transaction ID : INCA1985

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rosen, Ruth W., , ,

Mailing Address 5 Mount Hood Court

City
San Rafael

State
CA

Zip Code
94903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2015

Transaction ID : INCA1630

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rosen, Ruth W., , ,

Mailing Address 5 Mount Hood Court

City

San Rafael

State

CA

Zip Code

94903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 01 / 2015

Transaction ID : INCA1832

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rosen, Ruth W., , ,

Mailing Address 5 Mount Hood Court

City

San Rafael

State

CA

Zip Code

94903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 22 / 2015

Transaction ID : INCA1943

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rosen, Ruth W., , ,

Mailing Address 5 Mount Hood Court

City

San Rafael

State

CA

Zip Code

94903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 10 / 2015

Transaction ID : INCA2000

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rosen, Ruth W., , ,

Mailing Address 5 Mount Hood Court

City
San Rafael

State
CA

Zip Code
94903

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2015

Transaction ID : INCA2031

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schelling, Alice Coleman, , ,

Mailing Address 8300 Burdette Road

City
Bethesda

State
MD

Zip Code
20817

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 14 / 2015

Transaction ID : INCA1884

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Schelling, Alice Coleman, , ,

Mailing Address 8300 Burdette Road

City
Bethesda

State
MD

Zip Code
20817

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015

Transaction ID : INCA1944

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schelling, Alice Coleman, , ,

Mailing Address 8300 Burdette Road

City
Bethesda

State
MD

Zip Code
20817

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2015

Transaction ID : INCA2203

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sever, Nancy, , ,

Mailing Address 5200 Southwest 25th Blvd., Unit 12

City
Gainesville

State
FL

Zip Code
32608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2015

Transaction ID : INCA1890

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sever, Nancy, , ,

Mailing Address 5200 Southwest 25th Blvd., Unit 12

City
Gainesville

State
FL

Zip Code
32608

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 17 / 2015

Transaction ID : INCA2071

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shapard, Virginia M., , ,

Mailing Address 2251 Jackson Road

City
Griffin

State
GA

Zip Code
30223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2015

Transaction ID : INCA1591

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shapard, Virginia M., , ,

Mailing Address 2251 Jackson Road

City
Griffin

State
GA

Zip Code
30223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2015

Transaction ID : INCA2016

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Shapard, Virginia M., , ,

Mailing Address 2251 Jackson Road

City
Griffin

State
GA

Zip Code
30223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 04 / 2015

Transaction ID : INCA2362

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Shinaberry, Steryl, , ,

Mailing Address 401 Shores Drive

City
Vero Beach

State
FL

Zip Code
32963

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2015

Transaction ID : INCA1788

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shooter, Eric M., , ,

Mailing Address 370 Golden Oak Drive

City
Portola Valley

State
CA

Zip Code
94028

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2015

Transaction ID : INCA1876

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sims, Donald R., , ,

Mailing Address 130 Baywatch Circle

City
Fayetteville

State
GA

Zip Code
30215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : INCA1693

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sims, Donald R., , ,

Mailing Address 130 Baywatch Circle

City
Fayetteville

State
GA

Zip Code
30215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 08 / 2015

Transaction ID : INCA1986

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sims, Donald R., , ,

Mailing Address 130 Baywatch Circle

City
Fayetteville

State
GA

Zip Code
30215

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2015

Transaction ID : INCA2589

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Smith, Sara Dawn, , ,

Mailing Address 3717 Mount Rainer Drive, NE

City
Albuquerque

State
NM

Zip Code
87111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 14 / 2015

Transaction ID : INCA1891

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Sara Dawn, , ,

Mailing Address 3717 Mount Rainer Drive, NE

City
Albuquerque

State
NM

Zip Code
87111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 12 / 2015

Transaction ID : INCA2587

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stahl, Jonnie B., , ,

Mailing Address 601 Laurel Avenue, Apt. 802

City

San Mateo

State
CA

Zip Code
94401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2015

Transaction ID : INCA1662

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stahl, Jonnie B., , ,

Mailing Address 601 Laurel Avenue, Apt. 802

City

San Mateo

State
CA

Zip Code
94401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2015

Transaction ID : INCA1956

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stahl, Jonnie B., , ,

Mailing Address 601 Laurel Avenue, Apt. 802

City

San Mateo

State

CA

Zip Code

94401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

11 / 27 / 2015

Transaction ID : INCA2058

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stahl, Jonnie B., , ,

Mailing Address 601 Laurel Avenue, Apt. 802

City

San Mateo

State

CA

Zip Code

94401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

12 / 28 / 2015

Transaction ID : INCA2180

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stillpass, Ellen K., , ,

Mailing Address 321 Riverside Drive, Apt. 2

City

Covington

State

KY

Zip Code

41011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

08 / 08 / 2015

Transaction ID : INCA1725

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Stillpass, Ellen K., , ,

Mailing Address 321 Riverside Drive, Apt. 2

City
Covington

State
KY

Zip Code
41011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Not Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2015

Transaction ID : INCA2148

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Talley, Ruth B., , ,

Mailing Address 1302 Anglers Lane

City
Lutz

State
FL

Zip Code
33548

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2015

Transaction ID : INCA1913

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Taylor, Diana, , ,

Mailing Address 640 Davis Street, Apt. 13

City
San Francisco

State
CA

Zip Code
94111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2015

Transaction ID : INCA2593

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Taylor, Diana, , ,

Mailing Address 640 Davis Street, Apt. 13

City

San Francisco

State

CA

Zip Code

94111

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : INCA2653

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Truglia, Christel, , ,

Mailing Address 43 Harbor Drive

City

Stamford

State

CT

Zip Code

06902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2015

Transaction ID : INCA2383

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Truglia, Christel, , ,

Mailing Address 43 Harbor Drive

City

Stamford

State

CT

Zip Code

06902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2015

Transaction ID : INCA2721

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Truglia, Christel, , ,

Mailing Address 43 Harbor Drive

City
Stamford

State
CT

Zip Code
06902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 25 / 2015

Transaction ID : INCA2510

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tveit, Carol J., , ,

Mailing Address 99 Clarendon Avenue

City

Acondale Estates

State
GA

Zip Code
30002

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 08 / 2015

Transaction ID : INCA2520

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Weil, Anthony E., , ,

Mailing Address 2250 Plainfield Avenue, N

City

Piscataway

State
NJ

Zip Code
08854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Anthony E. Weil

Occupation (for Individual)
Chemist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 19 / 2015

Transaction ID : INCA1748

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weil, Anthony E., , ,

Mailing Address 2250 Plainfield Avenue, N

City
Piscataway

State
NJ

Zip Code
08854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anthony E. Weil

Occupation (for Individual)

Chemist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 16 / 2015

Transaction ID : INCA2039

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weil, Anthony E., , ,

Mailing Address 2250 Plainfield Avenue, N

City
Piscataway

State
NJ

Zip Code
08854

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Anthony E. Weil

Occupation (for Individual)

Chemist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

12 / 05 / 2015

Transaction ID : INCA2373

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Weinman, Diann L., , ,

Mailing Address 4310 Northwest 6th Drive

City
Des Moines

State
IA

Zip Code
50313

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

08 / 19 / 2015

Transaction ID : INCA1751

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Weinman, Diann L., , ,

Mailing Address 4310 Northwest 6th Drive

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 27 / 2015

Transaction ID : INCA1983

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Weinman, Diann L., , ,

Mailing Address 4310 Northwest 6th Drive

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 24 / 2015

Transaction ID : INCA2213

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Weinman, Diann L., , ,

Mailing Address 4310 Northwest 6th Drive

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : INCA2853

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Werlinich, Lucille, , ,

Mailing Address 18 Ponds Lane

City

Purchase

State

NY

Zip Code

10577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 23 / 2015

Transaction ID : INCA2726

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Werlinich, Lucille, , ,

Mailing Address 18 Ponds Lane

City

Purchase

State

NY

Zip Code

10577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2015

Transaction ID : INCA1868

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Werlinich, Lucille, , ,

Mailing Address 18 Ponds Lane

City

Purchase

State

NY

Zip Code

10577

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Retired

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2015

Transaction ID : INCA1991

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. White, Nancy M., , ,

Mailing Address 1516 Enyart Way, #204

City
Annapolis

State
MD

Zip Code
21409

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 10 / 2015

Transaction ID : INCA2513

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. White, Nancy M., , ,

Mailing Address 1516 Enyart Way, #204

City
Annapolis

State
MD

Zip Code
21409

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 08 / 2015

Transaction ID : INCA1989

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. White, Nancy M., , ,

Mailing Address 1516 Enyart Way, #204

City
Annapolis

State
MD

Zip Code
21409

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 29 / 2015

Transaction ID : INCA2262

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilke, Linda L., , ,

Mailing Address 302 Mission Lane

City

Bunker Hill

State

WV

Zip Code

25413

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2015

Transaction ID : INCA1721

Amount of Each Receipt this Period

100.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wilke, Linda L., , ,

Mailing Address 302 Mission Lane

City

Bunker Hill

State

WV

Zip Code

25413

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

n/a

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 28 / 2015

Transaction ID : INCA2250

Amount of Each Receipt this Period

125.00



Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Woolbright, Cynthia, , ,

Mailing Address 667 Midship Circle

City

Webster

State

NY

Zip Code

14580

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cynthia Woolbright

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 11 / 2015

Transaction ID : INCA2506

Amount of Each Receipt this Period

250.00



Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

475.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Woolbright, Cynthia, , ,

Mailing Address 667 Midship Circle

City
Webster

State
NY

Zip Code
14580

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Cynthia Woolbright

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 12 / 2015

Transaction ID : INCA2545

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zimmer, Deborah L., , ,

Mailing Address 648 Kirk Glen Drive

City
San Jose

State
CA

Zip Code
95133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2015

Transaction ID : INCA1824

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Zimmer, Deborah L., , ,

Mailing Address 648 Kirk Glen Drive

City
San Jose

State
CA

Zip Code
95133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

466.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 10 / 2015

Transaction ID : INCA1993

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Zimmer, Deborah L., , ,

Mailing Address 648 Kirk Glen Drive

City
San Jose

State
CA

Zip Code
95133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
n/a

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : INCA2836

Amount of Each Receipt this Period

216.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

216.00

50650.00

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Church, Judson A., , ,

Mailing Address 764 Pines Lake Drive West

City
Wayne

State
NJ

Zip Code
07470

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Judson A. Church

Occupation (for Individual)
Lender

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2015

Transaction ID : PAYA1950

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Finiks Capital, LLC

Mailing Address 3625 W. MacArthur Blvd., #302

City
Santa Ana

State
CA

Zip Code
92704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28753.22

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2015

Transaction ID : PAYA1964

Amount of Each Receipt this Period

12400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Finiks Capital, LLC

Mailing Address 3625 W. MacArthur Blvd., #302

City
Santa Ana

State
CA

Zip Code
92704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

28753.22

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2015

Transaction ID : PAYA1967

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

22405.00

TOTAL This Period (last page this line number only)..... ►

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA13

Transaction ID : PAYA1950

Loan Received; See Schedule C

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 OF 205

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☒ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Finiks Capital, LLC

Mailing Address 3625 W. MacArthur Blvd., #302

City
Santa Ana

State
CA

Zip Code
92704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28753.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2015

Transaction ID : PAYA3305

Amount of Each Receipt this Period

5300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Finiks Capital, LLC

Mailing Address 3625 W. MacArthur Blvd., #302

City
Santa Ana

State
CA

Zip Code
92704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28753.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 21 / 2015

Transaction ID : PAYA3298

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10300.00

32705.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 103 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Adobe Business Catalyst

Mailing Address 345 Park Avenue

City
San JoseState
CAZip Code
95110Purpose of Disbursement
Web Services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2015

FEC Identification Number

C

Transaction ID : EXPB1089

Amount of Each Disbursement this Period

18.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Adobe Business Catalyst

Mailing Address 345 Park Avenue

City
San JoseState
CAZip Code
95110Purpose of Disbursement
Web Services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

FEC Identification Number

C

Transaction ID : EXPB1119

Amount of Each Disbursement this Period

18.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Adobe Business Catalyst

Mailing Address 345 Park Avenue

City
San JoseState
CAZip Code
95110Purpose of Disbursement
Web Services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2015

FEC Identification Number

C

Transaction ID : EXPB1149

Amount of Each Disbursement this Period

18.88

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

56.64

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 104 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Adobe Business Catalyst

Mailing Address 345 Park Avenue

City
San JoseState
CAZip Code
95110Purpose of Disbursement
Web Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2015

FEC Identification Number

C

Transaction ID : EXPB3491

Amount of Each Disbursement this Period

18.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Adobe Business Catalyst

Mailing Address 345 Park Avenue

City
San JoseState
CAZip Code
95110Purpose of Disbursement
Web Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2015

FEC Identification Number

C

Transaction ID : EXPB1280

Amount of Each Disbursement this Period

18.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ault III, Milton C., , ,

Mailing Address 13101 Cottonwood

City
Santa AnaState
CAZip Code
92705Purpose of Disbursement
Strategic Planning Consulting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

FEC Identification Number

C

Transaction ID : EXPB3974

Amount of Each Disbursement this Period

500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

537.76

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 105 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Ault III, Milton C., , ,

Mailing Address 13101 Cottonwood

City
Santa AnaState
CAZip Code
92705Purpose of Disbursement
Strategic Planning Consulting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3976

Amount of Each Disbursement this Period

1209.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ault III, Milton C., , ,

Mailing Address 13101 Cottonwood

City
Santa AnaState
CAZip Code
92705Purpose of Disbursement
Strategic Planning Consulting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3978

Amount of Each Disbursement this Period

1290.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ault III, Milton C., , ,

Mailing Address 13101 Cottonwood

City
Santa AnaState
CAZip Code
92705Purpose of Disbursement
Strategic Planning Consulting

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1112

Amount of Each Disbursement this Period

500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 106 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Ault III, Milton C., , ,

Mailing Address 13101 Cottonwood

City
Santa AnaState
CAZip Code
92705Purpose of Disbursement
Strategic Planning Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	6			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1312

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ault III, Milton C., , ,

Mailing Address 13101 Cottonwood

City
Santa AnaState
CAZip Code
92705Purpose of Disbursement
Strategic Planning Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	6			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1315

Amount of Each Disbursement this Period

375.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ault III, Milton C., , ,

Mailing Address 13101 Cottonwood

City
Santa AnaState
CAZip Code
92705Purpose of Disbursement
Strategic Planning Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1317

Amount of Each Disbursement this Period

410.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

885.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 107 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	0				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB4345

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	0				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB4346

Amount of Each Disbursement this Period

1300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	4				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB4347

Amount of Each Disbursement this Period

550.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

5350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 108 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2015

FEC Identification Number

C

Transaction ID : EXPB4348

Amount of Each Disbursement this Period

1850.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

FEC Identification Number

C

Transaction ID : EXPB4349

Amount of Each Disbursement this Period

775.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		14		2015

FEC Identification Number

C

Transaction ID : EXPB4350

Amount of Each Disbursement this Period

350.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2975.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 109 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2015

FEC Identification Number

C

Transaction ID : EXPB4351

Amount of Each Disbursement this Period

3200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2015

FEC Identification Number

C

Transaction ID : EXPB4352

Amount of Each Disbursement this Period

2150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2015

FEC Identification Number

C

Transaction ID : EXPB4353

Amount of Each Disbursement this Period

4500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

9850.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 110 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB4354

Amount of Each Disbursement this Period

1450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB4355

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB4356

Amount of Each Disbursement this Period

3600.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6550.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 111 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2015					

FEC Identification Number

C

Transaction ID : EXPB4357

Amount of Each Disbursement this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			16			2015					

FEC Identification Number

C

Transaction ID : EXPB4358

Amount of Each Disbursement this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			28			2015					

FEC Identification Number

C

Transaction ID : EXPB4359

Amount of Each Disbursement this Period

5100.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

6020.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 112 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			05			2015			

FEC Identification Number

C

Transaction ID : EXPB4360

Amount of Each Disbursement this Period

1300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2015			

FEC Identification Number

C

Transaction ID : EXPB4361

Amount of Each Disbursement this Period

1800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2015			

FEC Identification Number

C

Transaction ID : EXPB4362

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6100.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 113 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2015			

FEC Identification Number

C

Transaction ID : EXPB4363

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2015			

FEC Identification Number

C

Transaction ID : EXPB4364

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2015			

FEC Identification Number

C

Transaction ID : EXPB4365

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 114 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2015

FEC Identification Number

C

Transaction ID : EXPB4366

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

FEC Identification Number

C

Transaction ID : EXPB4367

Amount of Each Disbursement this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2015

FEC Identification Number

C

Transaction ID : EXPB4368

Amount of Each Disbursement this Period

2400.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4700.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 115 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			10			2015					

FEC Identification Number

C

Transaction ID : EXPB4369

Amount of Each Disbursement this Period

650.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			14			2015					

FEC Identification Number

C

Transaction ID : EXPB4370

Amount of Each Disbursement this Period

1150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			15			2015					

FEC Identification Number

C

Transaction ID : EXPB4371

Amount of Each Disbursement this Period

1100.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2900.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 116 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			16			2015					

FEC Identification Number

C

Transaction ID : EXPB4372

Amount of Each Disbursement this Period

450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			21			2015					

FEC Identification Number

C

Transaction ID : EXPB4373

Amount of Each Disbursement this Period

1100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			22			2015					

FEC Identification Number

C

Transaction ID : EXPB4374

Amount of Each Disbursement this Period

1524.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3074.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 117 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			23			2015					

FEC Identification Number

C

Transaction ID : EXPB4375

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			28			2015					

FEC Identification Number

C

Transaction ID : EXPB4376

Amount of Each Disbursement this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			30			2015					

FEC Identification Number

C

Transaction ID : EXPB4377

Amount of Each Disbursement this Period

1400.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3150.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 118 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Bandb, Ltd.

Mailing Address 132 Old Sib Road

City
RidgefieldState
CTZip Code
06877Purpose of Disbursement
Telephone Fundraising Services

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				31				2015					

FEC Identification Number

C

Transaction ID : EXPB4378

Amount of Each Disbursement this Period

1640.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
07				08				2015					

FEC Identification Number

C

Transaction ID : EXPB2912

Amount of Each Disbursement this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
07				10				2015					

FEC Identification Number

C

Transaction ID : EXPB2921

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1669.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 119 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2015

FEC Identification Number

C

Transaction ID : EXPB2929

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2015

FEC Identification Number

C

Transaction ID : EXPB2934

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2015

FEC Identification Number

C

Transaction ID : EXPB3015

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 120 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	0				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB3011

Amount of Each Disbursement this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	2				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB3025

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				3	1				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB3041

Amount of Each Disbursement this Period

17.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

46.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 121 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3066

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	9			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3072

Amount of Each Disbursement this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3079

Amount of Each Disbursement this Period

17.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

46.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 122 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3088

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3097

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3106

Amount of Each Disbursement this Period

17.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

51.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				08				2015					

FEC Identification Number

C

Transaction ID : EXPB3108

Amount of Each Disbursement this Period

12.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				09				2015					

FEC Identification Number

C

Transaction ID : EXPB3115

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				16				2015					

FEC Identification Number

C

Transaction ID : EXPB3176

Amount of Each Disbursement this Period

17.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

46.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				19				2015					

FEC Identification Number

C

Transaction ID : EXPB3183

Amount of Each Disbursement this Period

14.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				19				2015					

FEC Identification Number

C

Transaction ID : EXPB3186

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				20				2015					

FEC Identification Number

C

Transaction ID : EXPB3192

Amount of Each Disbursement this Period

17.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

48.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 125 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				28				2015					

FEC Identification Number

C

Transaction ID : EXPB3197

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				05				2015					

FEC Identification Number

C

Transaction ID : EXPB3233

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				10				2015					

FEC Identification Number

C

Transaction ID : EXPB3247

Amount of Each Disbursement this Period

12.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

46.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 126 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3255

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3262

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3271

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3281

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		3	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3360

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			0	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3317

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 128 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		04		2015

FEC Identification Number

C

Transaction ID : EXPB3319

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2015

FEC Identification Number

C

Transaction ID : EXPB3323

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		08		2015

FEC Identification Number

C

Transaction ID : EXPB3321

Amount of Each Disbursement this Period

12.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

46.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 129 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				10				2015					

FEC Identification Number

C

Transaction ID : EXPB3328

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				14				2015					

FEC Identification Number

C

Transaction ID : EXPB3331

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				15				2015					

FEC Identification Number

C

Transaction ID : EXPB3333

Amount of Each Disbursement this Period

17.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 130 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			1	6			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3335

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	1			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3339

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			2	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3341

Amount of Each Disbursement this Period

17.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

51.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 131 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		2	3	4		2	0	1	5	9	0

FEC Identification Number

C

Transaction ID : EXPB3343

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		2	8	9		2	0	1	5	9	0

FEC Identification Number

C

Transaction ID : EXPB3346

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		2	3	0		2	0	1	5	9	0

FEC Identification Number

C

Transaction ID : EXPB3350

Amount of Each Disbursement this Period

17.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

51.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 132 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Citibank

Mailing Address P.O. Box 790184

City
Saint LouisState
MOZip Code
63179Purpose of Disbursement
Bank Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2015

FEC Identification Number

C

Transaction ID : EXPB3352

Amount of Each Disbursement this Period

17.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Global Response Marketing

Mailing Address 6250 Mountain Vista Street, #A

City
HendersonState
NVZip Code
89014Purpose of Disbursement
Call Center

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		05		2015

FEC Identification Number

C

Transaction ID : EXPB1133

Amount of Each Disbursement this Period

306.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Global Response Marketing

Mailing Address 6250 Mountain Vista Street, #A

City
HendersonState
NVZip Code
89014Purpose of Disbursement
Call Center

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		07		2015

FEC Identification Number

C

Transaction ID : EXPB1134

Amount of Each Disbursement this Period

226.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

550.11

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 133 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Global Response Marketing

Mailing Address 6250 Mountain Vista Street, #A

City
HendersonState
NVZip Code
89014Purpose of Disbursement
Call Center

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	3				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1136

Amount of Each Disbursement this Period

77.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Global Response Marketing

Mailing Address 6250 Mountain Vista Street, #A

City
HendersonState
NVZip Code
89014Purpose of Disbursement
Call Center

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	1				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1164

Amount of Each Disbursement this Period

178.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Global Response Marketing

Mailing Address 6250 Mountain Vista Street, #A

City
HendersonState
NVZip Code
89014Purpose of Disbursement
Call Center

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	4				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1165

Amount of Each Disbursement this Period

37.26

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

292.77

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 134 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Hodgins, James P., , ,

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781Purpose of Disbursement
Consulting Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	4				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB3983

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hodgins, James P., , ,

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781Purpose of Disbursement
Consulting Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	0				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB4406

Amount of Each Disbursement this Period

90.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hodgins, James P., , ,

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	0				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB4404

Amount of Each Disbursement this Period

9.05

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4100.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 135 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Hodgins, James P., , ,

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781Purpose of Disbursement
Consulting Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB4408

Amount of Each Disbursement this Period

2	0	0	.	0	0														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hodgins, James P., , ,

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781Purpose of Disbursement
Consulting Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB4410

Amount of Each Disbursement this Period

1	0	0	.	0	0														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hodgins, James P., , ,

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781Purpose of Disbursement
Consulting Services

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB4412

Amount of Each Disbursement this Period

2	9	.	0	5															
---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

329.05

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	26	<input type="checkbox"/>	27
<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Foundation for a Greater America, Inc.

C

10.95

 Memo Item

Three 16x16 LED displays are shown, each displaying the date '11/06/2015'. The first display shows '11' on the top row, '/' on the second row, '06' on the third row, and '2015' on the fourth row. The second display shows 'D' on the top row, '/' on the second row, '06' on the third row, and '2015' on the fourth row. The third display shows 'Y' on the top row, '/' on the second row, '06' on the third row, and '2015' on the fourth row.

C

420.00

 Memo Item

C

380.00

Memo Item

810.95

[illegible]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 137 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Microsoft Office 365

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Software Supplier

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1086

Amount of Each Disbursement this Period

8.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Microsoft Office 365

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Software Supplier

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1087

Amount of Each Disbursement this Period

140.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Microsoft Office 365

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Software Supplier

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1115

Amount of Each Disbursement this Period

8.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

156.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 138 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Microsoft Office 365

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Software Supplier

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2015

FEC Identification Number

C

Transaction ID : EXPB1116

Amount of Each Disbursement this Period

140.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Microsoft Office 365

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Software Supplier

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2015

FEC Identification Number

C

Transaction ID : EXPB1146

Amount of Each Disbursement this Period

140.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Microsoft Office 365

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Software Supplier

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2015

FEC Identification Number

C

Transaction ID : EXPB1145

Amount of Each Disbursement this Period

8.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

288.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 139 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Microsoft Office 365

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Software Subscription

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				01				2015					

FEC Identification Number

C

Transaction ID : EXPB3478

Amount of Each Disbursement this Period

8.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Microsoft Office 365

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Software Subscription

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				01				2015					

FEC Identification Number

C

Transaction ID : EXPB3479

Amount of Each Disbursement this Period

140.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Microsoft Office 365

Mailing Address One Microsoft Way

City
RedmondState
WAZip Code
98052Purpose of Disbursement
Software Supplier

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				02				2015					

FEC Identification Number

C

Transaction ID : EXPB1268

Amount of Each Disbursement this Period

140.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

288.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 141 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. North American Merchant Services

Mailing Address Two Town Square Blvd., Suite 300

City
AshevilleState
NCZip Code
28803Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1242

Amount of Each Disbursement this Period

972.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. North American Merchant Services

Mailing Address Two Town Square Blvd., Suite 300

City
AshevilleState
NCZip Code
28803Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			3	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1243

Amount of Each Disbursement this Period

126.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. North American Merchant Services

Mailing Address Two Town Square Blvd., Suite 300

City
AshevilleState
NCZip Code
28803Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	6			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1294

Amount of Each Disbursement this Period

22.93

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1121.62

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 142 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. North American Merchant Services

Mailing Address Two Town Square Blvd., Suite 300

City
AshevilleState
NCZip Code
28803Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1301

Amount of Each Disbursement this Period

2.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. North American Merchant Services

Mailing Address Two Town Square Blvd., Suite 300

City
AshevilleState
NCZip Code
28803Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1306

Amount of Each Disbursement this Period

407.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. North American Merchant Services

Mailing Address Two Town Square Blvd., Suite 300

City
AshevilleState
NCZip Code
28803Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1309

Amount of Each Disbursement this Period

241.61

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

651.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 143 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. North American Merchant Services

Mailing Address Two Town Square Blvd., Suite 300

City
AshevilleState
NCZip Code
28803Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		04		2015

FEC Identification Number

C

Transaction ID : EXPB1336

Amount of Each Disbursement this Period

187.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. One Legal

Mailing Address 504 Redwood Blvd., #223

City
NovatoState
CAZip Code
94947Purpose of Disbursement
Legal Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2015

FEC Identification Number

C

Transaction ID : EXPB3490

Amount of Each Disbursement this Period

240.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pacific Premier Law

Mailing Address 1000 Quail Street, Suite 230

City
Newport BeachState
CAZip Code
92660Purpose of Disbursement
Legal Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		05		2015

FEC Identification Number

C

Transaction ID : EXPB1244

Amount of Each Disbursement this Period

250.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

678.35

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 144 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Qgiv

Mailing Address 1516 Xavier Street

City
DenverState
COZip Code
80204Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1123

Amount of Each Disbursement this Period

32.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Qgiv

Mailing Address 1516 Xavier Street

City
DenverState
COZip Code
80204Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1124

Amount of Each Disbursement this Period

4.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Qgiv

Mailing Address 1516 Xavier Street

City
DenverState
COZip Code
80204Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	1			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1128

Amount of Each Disbursement this Period

15.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

51.90

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 145 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Qgiv

Mailing Address 1516 Xavier Street

City
DenverState
COZip Code
80204Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1157

Amount of Each Disbursement this Period

27.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Qgiv

Mailing Address 1516 Xavier Street

City
DenverState
COZip Code
80204Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1220

Amount of Each Disbursement this Period

32.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Qgiv

Mailing Address 1516 Xavier Street

City
DenverState
COZip Code
80204Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1292

Amount of Each Disbursement this Period

40.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

100.04

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 146 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Qgiv

Mailing Address 1516 Xavier Street

City
DenverState
COZip Code
80204Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1293

Amount of Each Disbursement this Period

108.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Qgiv

Mailing Address 1516 Xavier Street

City
DenverState
COZip Code
80204Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1308

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB2909

Amount of Each Disbursement this Period

13.24

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

221.79

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 147 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1097

Amount of Each Disbursement this Period

7.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1101

Amount of Each Disbursement this Period

65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	9			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1102

Amount of Each Disbursement this Period

35.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

107.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 148 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	0				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1104

Amount of Each Disbursement this Period

41.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	0				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1105

Amount of Each Disbursement this Period

108.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	0				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1103

Amount of Each Disbursement this Period

31.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

182.13

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 149 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				1	0		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB2917

Amount of Each Disbursement this Period

311.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				0	4		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB2995

Amount of Each Disbursement this Period

2.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				0	4		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1122

Amount of Each Disbursement this Period

0.43

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

314.73

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 150 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	0				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1125

Amount of Each Disbursement this Period

23.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	0				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB3005

Amount of Each Disbursement this Period

216.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				1	0				2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB3466

Amount of Each Disbursement this Period

46.57

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

286.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 151 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2015

FEC Identification Number

C

Transaction ID : EXPB1127

Amount of Each Disbursement this Period

48.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2015

FEC Identification Number

C

Transaction ID : EXPB1129

Amount of Each Disbursement this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2015

FEC Identification Number

C

Transaction ID : EXPB1156

Amount of Each Disbursement this Period

9.50

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

107.73

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 152 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1155

Amount of Each Disbursement this Period

6.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3075

Amount of Each Disbursement this Period

356.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1160

Amount of Each Disbursement this Period

81.30

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

444.49

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 153 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	9				1	0					2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1158

Amount of Each Disbursement this Period

28.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	9				1	0					2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1159

Amount of Each Disbursement this Period

46.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	9				2	2					2	0	1	5

FEC Identification Number

C

Transaction ID : EXPB1163

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

574.58

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 154 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				02				2015					

FEC Identification Number

C

Transaction ID : EXPB1218

Amount of Each Disbursement this Period

4.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				02				2015					

FEC Identification Number

C

Transaction ID : EXPB1219

Amount of Each Disbursement this Period

6.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				13				2015					

FEC Identification Number

C

Transaction ID : EXPB1228

Amount of Each Disbursement this Period

24.53

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

34.79

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 155 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				13				2015					

FEC Identification Number

C

Transaction ID : EXPB3120

Amount of Each Disbursement this Period

361.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				13				2015					

FEC Identification Number

C

Transaction ID : EXPB1227

Amount of Each Disbursement this Period

23.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				13				2015					

FEC Identification Number

C

Transaction ID : EXPB1230

Amount of Each Disbursement this Period

28.23

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

413.22

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 156 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1239

Amount of Each Disbursement this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3224

Amount of Each Disbursement this Period

0.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1299

Amount of Each Disbursement this Period

34.74

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7	5	.	4	5
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 157 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	0		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1298

Amount of Each Disbursement this Period

29.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	0		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB3243

Amount of Each Disbursement this Period

558.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	0		2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1297

Amount of Each Disbursement this Period

21.23

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

609.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 158 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				10				2015					

FEC Identification Number

C

Transaction ID : EXPB3326

Amount of Each Disbursement this Period

709.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TransFirst, LLC

Mailing Address 3131 South Vaughn Way, Suite 350

City
AuroraState
COZip Code
80014Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				18				2015					

FEC Identification Number

C

Transaction ID : EXPB3337

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
07				13				2015					

FEC Identification Number

C

Transaction ID : EXPB1106

Amount of Each Disbursement this Period

36.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

845.97

X	21b		22		23		26		27
	28a		28b		28c		29		30b

Foundation for a Greater America, Inc.

A. U.S. Bank

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Memo Item

B. U.S. Bank

07 / 16 / 2015

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Memo Item

C. U.S. Bank

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Memo Item

Fruit	Number of People
Apple	10
Orange	8
Banana	6
Watermelon	4
Strawberry	2

[illegible]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 160 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1130

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1120

Amount of Each Disbursement this Period

22.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1121

Amount of Each Disbursement this Period

22.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

49.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 161 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	5			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1161

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1154

Amount of Each Disbursement this Period

11.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1222

Amount of Each Disbursement this Period

36.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

52.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 162 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			06			2015					

FEC Identification Number

C

Transaction ID : EXPB1224

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			13			2015					

FEC Identification Number

C

Transaction ID : EXPB1229

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			13			2015					

FEC Identification Number

C

Transaction ID : EXPB1235

Amount of Each Disbursement this Period

36.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

97.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 163 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1234

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1231

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1233

Amount of Each Disbursement this Period

36.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

87.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 165 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2015

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : EXPB1310

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2015

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : EXPB1332

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. U.S. Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		03		2015

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : EXPB1334

Amount of Each Disbursement this Period

36.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

108.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 166 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			03			2015					

FEC Identification Number

C

Transaction ID : EXPB1333

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			04			2015					

FEC Identification Number

C

Transaction ID : EXPB1335

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			07			2015					

FEC Identification Number

C

Transaction ID : EXPB1337

Amount of Each Disbursement this Period

36.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

97.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				11				2015					

FEC Identification Number

C

Transaction ID : EXPB1341

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				11				2015					

FEC Identification Number

C

Transaction ID : EXPB1339

Amount of Each Disbursement this Period

36.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. U.S. Bank

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
12				11				2015					

FEC Identification Number

C

Transaction ID : EXPB1340

Amount of Each Disbursement this Period

36.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

108.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2015

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : EXPB1338

Amount of Each Disbursement this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. U.S. Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2015

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : EXPB1342

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. U.S. Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		18		2015

Mailing Address 16061 Brookhurst Street

City
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : EXPB1343

Amount of Each Disbursement this Period

25.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

55.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 169 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. U.S. Bank

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		28		2015

Mailing Address 16061 Brookhurst Street

FEC Identification Number

C

Transaction ID : EXPB1344

Amount of Each Disbursement this Period

25.00

☐ Memo ItemCity
Fountain ValleyState
CAZip Code
92708Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Wal Mart

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2015

Mailing Address 3600 West McFadden Avenue

FEC Identification Number

C

Transaction ID : EXPB1213

Amount of Each Disbursement this Period

134.52

☐ Memo ItemCity
Santa AnaState
CAZip Code
92704Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Wal Mart

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2015

Mailing Address 3600 West McFadden Avenue

FEC Identification Number

C

Transaction ID : EXPB1215

Amount of Each Disbursement this Period

111.52

☐ Memo ItemCity
Santa AnaState
CAZip Code
92704Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

271.04

X	21b		22		23		26		27
	28a		28b		28c		29		30b

Foundation for a Greater America, Inc.

A. Wal Mart

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

 Memo Item

B. Wal Mart

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify)

Memo Item

C. Wal Mart

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Memo Item

Category	Percentage
Students who did not pass the exam	83.28

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 171 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Wal Mart

Mailing Address 3600 West McFadden Avenue

City
Santa AnaState
CAZip Code
92704Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1277

Amount of Each Disbursement this Period

51.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wal Mart

Mailing Address 3600 West McFadden Avenue

City
Santa AnaState
CAZip Code
92704Purpose of Disbursement
Office Supplies

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	6			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1284

Amount of Each Disbursement this Period

267.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wald, David D., , ,

Mailing Address P.O. Box 19068

City
IrvineState
CAZip Code
92623Purpose of Disbursement
Rent

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1131

Amount of Each Disbursement this Period

3110.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3430.21

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 172 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Younger, Herschel, , ,

Mailing Address 630 South Knott Avenue, #16

City
AnaheimState
CAZip Code
92804Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	4			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1135

Amount of Each Disbursement this Period

162.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Younger, Herschel, , ,

Mailing Address 630 South Knott Avenue, #16

City
AnaheimState
CAZip Code
92804Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	0			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1138

Amount of Each Disbursement this Period

234.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Younger, Herschel, , ,

Mailing Address 630 South Knott Avenue, #16

City
AnaheimState
CAZip Code
92804Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	7			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1139

Amount of Each Disbursement this Period

830.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1227.24

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 173 OF 205

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Younger, Herschel, , ,

Mailing Address 630 South Knott Avenue, #16

City
AnaheimState
CAZip Code
92804Purpose of Disbursement
Fundraising Consulting

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	1			2	0	1	5		

FEC Identification Number

C

Transaction ID : EXPB1166

Amount of Each Disbursement this Period

240.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

240.00

TOTAL This Period (last page this line number only).....▶

84816.63

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 174 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. Church, Judson A., , ,

Mailing Address 764 Pines Lake Drive West

City
WayneState
NJZip Code
07470

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

FEC Identification Number

C

Transaction ID : PAYB3980

Amount of Each Disbursement this Period

2800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CrossClick Media, Inc.

Mailing Address 8725 S. Eastern Avenue, #200-661

City
Las VegasState
NVZip Code
89123

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

FEC Identification Number

C

Transaction ID : PAYB4401

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CrossClick Media, Inc.

Mailing Address 8725 S. Eastern Avenue, #200-661

City
Las VegasState
NVZip Code
89123

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

FEC Identification Number

C

Transaction ID : PAYB4403

Amount of Each Disbursement this Period

7600.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12400.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 175 OF 205

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

Full Name (Last, First, Middle Initial)

A. MCKEA Holdings, Inc.

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92871

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			06			2015					

FEC Identification Number

C

Transaction ID : PAYB4011

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

400.00

12800.00

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 176 OF 205

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : RCVC3469

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Finiks Capital, LLC☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

43813.34

Cumulative Payment To Date

23461.78

Balance Outstanding at Close of This Period

20351.56

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 17 / 2014

Date Due

M M / D D / Y Y Y Y
11 / 17 / 2015

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

20351.56

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : RCVC3461

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Finiks Capital, LLC☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

21100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

21100.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 18 / 2014

Date Due

M M / D D / Y Y Y Y
11 / 18 / 2015

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

21100.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : RCVC3501

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Finiks Capital, LLC**N** ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

MM / DD / YYYY
11 / 18 / 2014

Date Due

MM / DD / YYYY
05 / 18 / 2016

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

100000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : RCVC3956

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Finiks Capital, LLCN ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

1200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1200.00

TERMS

Date Incurred

MM / DD / YY
01 / 30 / 2015

Date Due

MM / DD / YY
01 / 30 / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1200.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : RCVC3958

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Finiks Capital, LLC☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

77400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

77400.00

TERMS

Date Incurred

MM / DD / YY
01 / 30 / 2015

Date Due

MM / DD / YY
01 / 30 / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

77400.00

TOTALS This Period (last page in this line only)..... ►

220051.56

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3820

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Church, Judson A., , ,☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 764 Pines Lake Drive West

City

Wayne

State

NJ

ZIP Code

07470

Original Amount of Loan

250000.00

Cumulative Payment To Date

53050.00

Balance Outstanding at Close of This Period

196950.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 27 / 2015

Date Due

M M / D D / Y Y Y Y
11 / 23 / 2016

Interest Rate

15.00 % (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

196950.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : PAYC3820

Loan Received; See Schedule C

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC1950

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Church, Judson A., , ,**N** ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 764 Pines Lake Drive West

City

Wayne

State

NJ

ZIP Code

07470

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 23 / 2015

Date Due

M M / D D / Y Y Y Y
07 / 23 / 2016

Interest Rate

15.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SC/10

Transaction ID : PAYC1950

Loan Received; See Schedule C

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3812

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
CrossClick Media, Inc.☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8725 S. Eastern Avenue, #200-661

City

Las Vegas

State

NV

ZIP Code

89123

Original Amount of Loan

26500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

26500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 13 / 2015

Date Due

M M / D D / Y Y Y Y
11 / 30 / 2016

Interest Rate

10.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

26500.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3816

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
CrossClick Media, Inc.☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8725 S. Eastern Avenue, #200-661

City

Las Vegas

State

NV

ZIP Code

89123

Original Amount of Loan

19000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

19000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 13 / 2015

Date Due

M M / D D / Y Y Y Y
11 / 30 / 2016

Interest Rate

10.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

19000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3818

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
CrossClick Media, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 8725 S. Eastern Avenue, #200-661

City

Las Vegas

State

NV

ZIP Code

89123

Original Amount of Loan

13200.00

Cumulative Payment To Date

9676.79

Balance Outstanding at Close of This Period

3523.21

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 13 / 2015

Date Due

M M / D D / Y Y Y Y
11 / 30 / 2016

Interest Rate

10.00 % (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3523.21

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC1964

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Finiks Capital, LLC☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

12400.00

Cumulative Payment To Date

2695.00

Balance Outstanding at Close of This Period

9705.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 06 / 2015

Date Due

M M / D D / Y Y Y Y
07 / 06 / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

9705.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC1967

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Finiks Capital, LLC☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

5.00

Cumulative Payment To Date

5.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 13 / 2015

Date Due

M M / D D / Y Y Y Y
07 / 13 / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3305

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Finiks Capital, LLC☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

5300.00

Cumulative Payment To Date

5300.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 15 / 2015

Date Due

M M / D D / Y Y Y Y
10 / 15 / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC3298

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Finiks Capital, LLC**N** ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 3625 W. MacArthur Blvd., #302

City

Santa Ana

State

CA

ZIP Code

92704

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 21 / 2015

Date Due

M M / D D / Y Y Y Y
10 / 21 / 2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 192 OF 205

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : PAYC4009

Foundation for a Greater America, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)
MCKEA Holdings, Inc.☒ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address P.O. Box 3587

City

Tustin

State

CA

ZIP Code

92871

Original Amount of Loan

400.00

Cumulative Payment To Date

400.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
10 / 22 / 2014

Date Due

M M / D D / Y Y Y Y
04 / 21 / 2015

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

270678.21

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 193 OF 205

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aristotle International, Inc.

Nature of Debt (Purpose):

Card Processing & Web Design Services

Mailing Address 205 Pennsylvania Avenue SE

City

Washington

State

DC

Zip Code

20003

Outstanding Balance Beginning This Period

2550.00

Transaction ID : PAYD3515

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2550.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aristotle International, Inc.

Nature of Debt (Purpose):

Merchant Fees

Mailing Address 205 Pennsylvania Avenue SE

City

Washington

State

DC

Zip Code

20003

Outstanding Balance Beginning This Period

0.99

Transaction ID : PAYD3805

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aristotle International, Inc.

Nature of Debt (Purpose):

Card Processing & Web Design Services

Mailing Address 205 Pennsylvania Avenue SE

City

Washington

State

DC

Zip Code

20003

Outstanding Balance Beginning This Period

20000.00

Transaction ID : PAYD3807

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

22550.99

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 194 OF 205

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aristotle International, Inc.

Nature of Debt (Purpose):
Merchant Fees

Mailing Address 205 Pennsylvania Avenue SE

City
WashingtonState
DCZip Code
20003

Outstanding Balance Beginning This Period

0.99

Transaction ID : PAYD3961

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.99

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Aristotle International, Inc.

Nature of Debt (Purpose):
Merchant Fees

Mailing Address 205 Pennsylvania Avenue SE

City
WashingtonState
DCZip Code
20003

Outstanding Balance Beginning This Period

0.99

Transaction ID : PAYD3966

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ault III, Milton C., ,

Nature of Debt (Purpose):
Strategic Planning Consulting

Mailing Address 13101 Cottonwood

City
Santa AnaState
CAZip Code
92705

Outstanding Balance Beginning This Period

1709.50

Transaction ID : PAYD3968

Amount Incurred This Period

0.00

Payment This Period

1709.50

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1.98

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 195 OF 205

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ault, Anastasia, , ,

Nature of Debt (Purpose):
Office Supplies

Mailing Address 8686 Merced Circle, Unit 1007 D

City
Costa MesaState
CAZip Code
92626

Outstanding Balance Beginning This Period

12.71

Transaction ID : PAYD2231

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12.71

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ault, Anastasia, , ,

Nature of Debt (Purpose):
Office Supplies

Mailing Address 8686 Merced Circle, Unit 1007 D

City
Costa MesaState
CAZip Code
92626

Outstanding Balance Beginning This Period

28.80

Transaction ID : PAYD2696

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

28.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ault, Anastasia, , ,

Nature of Debt (Purpose):
Postage

Mailing Address 8686 Merced Circle, Unit 1007 D

City
Costa MesaState
CAZip Code
92626

Outstanding Balance Beginning This Period

19.60

Transaction ID : PAYD3509

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.60

1) **SUBTOTALS** This Period This Page (optional)..... ►

61.11

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 196 OF 205

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cane, Kyleen, , ,

Nature of Debt (Purpose):
Merchant Fees

Mailing Address 3273 East Warm Springs Road

City

Henderson

State

NV

Zip Code

89014

Outstanding Balance Beginning This Period

75.46

Transaction ID : PAYD2448

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

75.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cane, Kyleen, , ,

Nature of Debt (Purpose):
Merchant Fees

Mailing Address 3273 East Warm Springs Road

City

Henderson

State

NV

Zip Code

89014

Outstanding Balance Beginning This Period

66.72

Transaction ID : PAYD2451

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

66.72

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cane, Kyleen, , ,

Nature of Debt (Purpose):
Merchant Fees

Mailing Address 3273 East Warm Springs Road

City

Henderson

State

NV

Zip Code

89014

Outstanding Balance Beginning This Period

57.82

Transaction ID : PAYD2455

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

57.82

1) **SUBTOTALS** This Period This Page (optional)..... ►

200.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 197 OF 205

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cane, Kyleen, , ,

Nature of Debt (Purpose):
Loan Fee

Mailing Address 3273 East Warm Springs Road

City

Henderson

State

NV

Zip Code

89014

Outstanding Balance Beginning This Period

450.00

Transaction ID : PAYD3792

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

450.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Cane, Kyleen, , ,

Nature of Debt (Purpose):
Loan Interest

Mailing Address 3273 East Warm Springs Road

City

Henderson

State

NV

Zip Code

89014

Outstanding Balance Beginning This Period

820.87

Transaction ID : PAYD3793

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

820.87

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Church, Judson A., , ,

Nature of Debt (Purpose):
Loan Interest Payment

Mailing Address 764 Pines Lake Drive West

City

Wayne

State

NJ

Zip Code

07470

Outstanding Balance Beginning This Period

362.00

Transaction ID : PAYD3969

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

362.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1632.87

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):

Corporate Document Services

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

352.00

Transaction ID : PAYD1965

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

352.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):

Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

33.84

Transaction ID : PAYD2235

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

33.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):

Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

24.12

Transaction ID : PAYD2701

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

24.12

1) **SUBTOTALS** This Period This Page (optional)..... ►

409.96

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 199 OF 205

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):
Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

8.28

Transaction ID : PAYD3324

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8.28

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):
Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

8.28

Transaction ID : PAYD3512

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8.28

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):
Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

15.84

Transaction ID : PAYD3806

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.84

1) **SUBTOTALS** This Period This Page (optional)..... ►

32.40

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 200 OF 205

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Corporation Service Company (CSC)

Nature of Debt (Purpose):
Interest Fee

Mailing Address P.O. Box 13397

City

Philadelphia

State

PA

Zip Code

19101

Outstanding Balance Beginning This Period

9.00

Transaction ID : PAYD3967

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CrossClick Media, Inc.

Nature of Debt (Purpose):
Call Center

Mailing Address 8725 S. Eastern Avenue, #200-661

City

Las Vegas

State

NV

Zip Code

89123

Outstanding Balance Beginning This Period

62747.69

Transaction ID : PAYD3962

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

62747.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hodgins, James P., , ,

Nature of Debt (Purpose):
Office Supplies

Mailing Address P.O. Box 3587

City

Tustin

State

CA

Zip Code

92781

Outstanding Balance Beginning This Period

9.05

Transaction ID : PAYD2221

Amount Incurred This Period

0.00

Payment This Period

9.05

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

62756.69

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 201 OF 205

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hodgins, James P., , ,

Nature of Debt (Purpose):
Consulting Services

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781

Outstanding Balance Beginning This Period

4420.00

Transaction ID : PAYD2693

Amount Incurred This Period

0.00

Payment This Period

4420.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hodgins, James P., , ,

Nature of Debt (Purpose):
Consulting Services

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781

Outstanding Balance Beginning This Period

1500.00

Transaction ID : PAYD3322

Amount Incurred This Period

0.00

Payment This Period

380.00

Outstanding Balance at Close of This Period

1120.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hodgins, James P., , ,

Nature of Debt (Purpose):
Consulting Services

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781

Outstanding Balance Beginning This Period

1500.00

Transaction ID : PAYD3510

Amount Incurred This Period

0.00

Payment This Period

420.00

Outstanding Balance at Close of This Period

1080.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

2200.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 202 OF 205

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hodgins, James P., , ,

Nature of Debt (Purpose):
Consulting Services

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781

Outstanding Balance Beginning This Period

1500.00

Transaction ID : PAYD3804

Amount Incurred This Period

0.00

Payment This Period

10.95

Outstanding Balance at Close of This Period

1489.05

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hodgins, James P., , ,

Nature of Debt (Purpose):
Consulting Services

Mailing Address P.O. Box 3587

City
TustinState
CAZip Code
92781

Outstanding Balance Beginning This Period

9000.00

Transaction ID : PAYD3959

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

9000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InFind.com, Inc.

Nature of Debt (Purpose):
Management Consulting Services

Mailing Address 12021 Wilshire Blvd., Suite 634

City
Los AngelesState
CAZip Code
90025

Outstanding Balance Beginning This Period

6100.00

Transaction ID : PAYD1975

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6100.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

16589.05

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 203 OF 205

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

InFind.com, Inc.

Nature of Debt (Purpose):

Management Consulting Services

Mailing Address 12021 Wilshire Blvd., Suite 634

City

Los Angeles

State

CA

Zip Code

90025

Outstanding Balance Beginning This Period

20000.00

Transaction ID : PAYD2183

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Jeff Taylor Graphics

Nature of Debt (Purpose):

Design of Logo, Letterhead and Envelopes

Mailing Address 2633 Lincoln Blvd., Suite 837

City

Santa Monica

State

CA

Zip Code

90405

Outstanding Balance Beginning This Period

2075.00

Transaction ID : PAYD2201

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2075.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

John Cowan Law

Nature of Debt (Purpose):

Legal Services

Mailing Address 100 Pine Street, Suite 1250

City

San Francisco

State

CA

Zip Code

94111

Outstanding Balance Beginning This Period

15550.15

Transaction ID : PAYD1976

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15550.15

1) **SUBTOTALS** This Period This Page (optional)..... ►

37625.15

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 204 OF 205

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Propel Management Group, Inc.

Nature of Debt (Purpose):

Consulting Services for Call Center

Mailing Address 3625 W. Macarthur Blvd., #302.

City

Santa Ana

State

CA

Zip Code

92704

Outstanding Balance Beginning This Period

726.78

Transaction ID : PAYD2239

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

726.78

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Propel Management Group, Inc.

Nature of Debt (Purpose):

Professional Services

Mailing Address 3625 W. Macarthur Blvd., #302.

City

Santa Ana

State

CA

Zip Code

92704

Outstanding Balance Beginning This Period

129.55

Transaction ID : PAYD3507

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

129.55

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Spaziano, Joe, , ,

Nature of Debt (Purpose):

Computer Services

Mailing Address 1928 E. Van Owen Avenue, Apt. A

City

Orange

State

CA

Zip Code

92867

Outstanding Balance Beginning This Period

80.96

Transaction ID : PAYD3516

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

80.96

1) **SUBTOTALS** This Period This Page (optional)..... ►

937.29

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Foundation for a Greater America, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

State of California-Franchise Tax Board

Nature of Debt (Purpose):

Penalty Fee

Mailing Address P.O. Box 942857

City

Sacramento

State

CA

Zip Code

94257

Outstanding Balance Beginning This Period

250.00

Transaction ID : PAYD3963

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Womble Carlyle Sandridge & Rice, LLP

Nature of Debt (Purpose):

Legal Services

Mailing Address 1200 19th Street NW, Suite 500

City

Washington

State

DC

Zip Code

20036

Outstanding Balance Beginning This Period

12264.92

Transaction ID : PAYD2208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12264.92

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Womble Carlyle Sandridge & Rice, LLP

Nature of Debt (Purpose):

Legal Services

Mailing Address 1200 19th Street NW, Suite 500

City

Washington

State

DC

Zip Code

20036

Outstanding Balance Beginning This Period

436.00

Transaction ID : PAYD2722

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

436.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

12950.92

2) **TOTALS** This Period (last page this line number only)..... ►

157948.41

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

270678.21

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

428626.62